Behold, children are a heritage from the LORD,
The fruit of the womb is a reward.

PSALMS 127:3
Congratulations on your pregnancy, what a blessing! We are excited to come alongside you during this special time. The Health & Wellness Department Maternity Team is here to support you! We hope this guide will help you navigate your maternity journey and assist you with all the details of your Medi-Share membership as you move forward.

The Maternity Team supports members in a variety of ways:
We’ll walk through important topics about maternity and how it works with Medi-Share.

- Maternity Bills - what does Medi-Share share in versus what’s out of pocket?
- How do I find a provider that’s in network for my maternity care?
- What’s a Program Eligibility Questionnaire and why does Medi-Share ask that I fill it out?
- How is my annual household portion applied to the cost of my maternity?
- What is global billing for maternity and how does it work?
- Does Medi-Share share in the cost of genetic testing?
- If I experience complications in my maternity, what type of additional support does Medi-Share provide for me?
- Is there pastoral counseling available if I find myself in need of help?

Schedule with one of our team members before your first appointment. Go online to MyChristianCare.org/Members and find “Schedule a Call”. Let us help prepare you for this new adventure.
Important things to know about maternity sharing:

**Eligibility | 5**

The Medi-Share family is growing! Hundreds of babies are born into membership every month. Learn about your maternity’s eligibility for sharing here.

**Providers | 6**

In addition to Physicians, Midwives may also be eligible as maternity providers. For your safety, proper licensing and certification according to the law in your state is required per the member-voted guidelines. Choose a PHCS provider for quality care and discounted sharing. There are thousands of in-network MDs, DOs, and Midwives across the U.S. to help you avoid out-of-network implications.

**Program Eligibility Questionnaire (PEQ) | 7** IMPORTANT!

Members need to complete a PEQ before maternity-related medical bills are processed for sharing. Learn more about how the PEQ helps save Medi-Share members money.

**Annual Household Portion | 8**

Don’t be surprised by your Annual Household Portion resetting during your pregnancy—it happens! Make sure you are prepared!

**Global Billing | 9**

With maternity, providers commonly use global billing. This section will explain what charges are included in global billing and how to determine if you owe any money to the provider. Some providers will require prepayment or offer discounts for prepayment. Prepayment can be challenging because it cannot be processed until after the baby is born, and it is only reimbursed once the AHP is met.

**Genetic Testing | 11**

Genetic testing is a personal decision that you need to discuss with your doctor. This section explains why genetic testing is not shared as a part of maternity care.
Maternity and Medi-Share (continued)

Other Important Details | 12

There’s lots to know, and we hope your questions are answered. Still have questions? Don’t hesitate to call the Maternity Team at (800) 264-2562, ext. 7018.

Miscarriages | 14

In the event that you are a mom who has suffered a miscarriage, we are so sorry. Please know that you are not alone. God is our great comforter in times of need. “The Lord is near to the broken-hearted, and saves the crushed in spirit.” Psalm 34:18

What to Avoid During Pregnancy | 16

Top 5 Maternity Health Tips | 17

Other Interesting Topics | 19

Fish Consumption and Pregnancy | 21

Feeding Kids Right | 23

Sources:


Eligibility

Medi-Share Guidelines, Section VII.

How do I know if my maternity is eligible for sharing?

Eligible maternity – Pregnant Members, who are married* adults, with an Annual Household Portion of $2,500 or higher who have faithfully shared from the month of conception through the month of delivery are eligible for maternity sharing. Members with a lower AHP or who are participating on their parents’ membership are not eligible for sharing of any maternity or adoption expenses.

*Recently Married? Please remember to call member services to update your name and provide your marriage certificate to avoid any delay in processing your bills.

Maternity Sharing is limited to $125,000 for any single pregnancy event, to include antepartum care, the cost of delivery and complications to the mother and/or child(ren) and postpartum care.

To be eligible, delivery must be performed by one of the following: Medical doctor, Doctor of Osteopathy, Midwife who is properly licensed, certified and/or registered in the state of delivery as required by state law. In the absence of state law requirement, Medi-Share requires at least a minimum of North American Registry of Midwives credential.

What if my maternity is not eligible for sharing?

- As long as either mom or dad are Medi-Share Members, your baby can be considered part of your Medi-Share household from birth. Complete and return the Application to Add a Family Member(s) included in this packet within 30 days of birth. There is no application fee for adding your child to your membership. Please Note: You do not have to provide the baby’s social security number to add the newborn to membership.

- Assistance may be available through an alternative program. We have Patient Advocates who can help. If you qualify, the alternative program may pay for your current pregnancy.

- If you have not been a Member since conception, any expenses related to your current pregnancy will not be eligible for sharing. However, PHCS discounts may be honored at your provider’s discretion. This includes medical bills for the maternity or delivery related to the birth (mother or child). Remember, bills related to complications the baby experiences after delivery will be eligible for sharing, provided you add your baby to membership within 30 days of birth.

Miscarriage – In the unfortunate event that you suffer a miscarriage, treatment of the miscarriage may be eligible for sharing even if the maternity was ineligible.
Medi-Share Guidelines, Section V.

**PHCS** – Medi-Share is a part of the PHCS network. Members should use in-network providers whenever possible because of the significant discounts.

**In-Network** – To get the most out of your sharing experience, we encourage the use of an in-network provider. In-network providers offer the easiest path for sharing. Find a provider by logging onto MyChristianCare.org and selecting “Find a Provider” in the Member Center. Be sure to check for your OB/GYN or midwife provider, as well as the facility you will deliver in, as they will bill separately. It is always recommended you call PHCS to verify the provider is in contract with PHCS by calling (877) 302-7427.

**Out-of-Network** – You are not required to use in-network providers. However, if you use providers not in the PHCS network, and there are PHCS providers in your area, you may incur out-of-network penalties (penalties vary).

- A Penalty Waiver may be issued when there is not a PHCS provider, birthing center, or facility within a 25-mile radius of your zip code. Please contact our Maternity Team if you believe this may apply to you.

**Midwives** – Midwives and home births may be eligible for sharing. We encourage you to schedule a call with the maternity team for more information.

- In-Network: A midwife who is part of the PHCS network has been pre-screened and has the appropriate credentials on file with PHCS.

- Out-of-Network: A midwife who is out-of-network must be licensed, certified, or registered in the state of delivery for sharing to be considered. Medi-Share requires verification of these credentials and a copy of documents confirming the state license, certification or registration of the midwife. Failure to provide this documentation will result in the bills being ineligible for sharing. A Midwife Verification form is included in this packet.

**Birthing Centers** – These facilities are an option, and follow the same in-network vs. out-of-network process as other facilities. Use the PHCS provider search and under Facility, select Outpatient Care, and then select Birthing Center.
Medi-Share Guidelines, Section VI. M. IMPORTANT!

What is a PEQ?
Stewardship is an important part of the Medi-Share membership. To help us determine if your maternity may qualify for programs that will provide savings for you and your fellow Members, you will need to complete a Program Eligibility Questionnaire (PEQ) before maternity medical bills will be shared. You can submit the form online at MyChristianCare.org/PEQ or complete the paper one included in this packet. Or, you can contact a Patient Advocate at (800) 264-2562 ext. 7015 to help you complete it by phone.

Three reasons to consider programs

1. The Medi-Share membership has saved more than $213 million dollars since 2009 with the use of programs.

2. These savings translate to around $100 per household per month. This helps keep the monthly shares affordable.

3. If a Member is approved for a program they become eligible to have monthly shares waived through Program Blessings.

Steps to complete the PEQ

1. Login to MyChristianCare.org and select “Forms.”

2. Have your Medi-Share card on hand

3. Fill out the brief online form

4. If you qualify, a Patient Advocate will contact you to discuss your next steps
Medi-Share Guidelines, Section IV. A.

**AHP** – This is the dollar amount that a household agrees to pay toward eligible medical bills before any eligible bill will be shared. Providers should always submit eligible medical bills to Medi-Share for processing so they can be properly discounted and applied toward the Member’s AHP. Eligible medical bills can be shared after the Member’s AHP is met.

*Remember, you must be participating at an AHP level of $2,500 or more in order for your maternity to be eligible for sharing.*

**AHP Reset** – The AHP resets every 12 months on the effective date of your Medi-Share membership. The effective date is the date your membership began, or the month and day of the most recent AHP change. Unless your pregnancy begins right after your effective date, it is likely that your maternity and delivery will extend beyond your AHP effective date and your AHP will reset to $0. This process is not unique to maternity. This means that you must once again meet your AHP before any eligible medical bills will be shared, which is an important budgeting consideration. If you are unsure about your financial situation and need help, contact one of our patient advocates.

**AHP Change** – Members cannot change their AHP program level during their pregnancy.

**Explanation of Sharing (EOS)** – Members will receive an EOS to help them determine what amount remains to be paid towards their AHP.

**AHP Tracker** – Because this is a Household portion, the eligible expenses of others in your family will be applied toward the AHP. By visiting the Member Center, you can see how much of your AHP has been met. *Keep in mind that your global bills will not show or be applied to the AHP until after delivery.*
Global Billing is not unique to Medi-Share.

Global Billing – is an AMA and CMS approved billing practice, which consists of OB/GYN or midwife care from conception to six weeks postpartum. All maternity/delivery related charges from your OB/GYN provider will be billed together (“globally”) AFTER your delivery. Providers should not submit individual bills for office visits during pregnancy, as they are also part of the global bill. This will result in a denial from Medi-Share due to the expectation of the global bill being submitted later.

Some of your bills will be billed separate from your global bill:

- LAB WORK & ULTRASOUNDS: Any testing your doctor orders, either during your pregnancy or for delivery.
- HOSPITAL FEES: Any hospital fees, either during your pregnancy (if needed) or for delivery.
- BABY’S CARE: Baby’s care on the day of delivery done by a physician. This baby care must be performed by someone other than the person that delivered (i.e. a midwife can’t perform the newborn exam).
- If you are using a midwife at a birthing center you will want to verify if there will be one bill from the midwife or a bill from the midwife and the birth center.

Pre-payment – In the event your provider requires pre-payment please note that you may not receive credit or reimbursement until after your child is born, nor will it be applied to your AHP until global billing is processed. Please review the following challenges and solutions regarding pre-payment:

CHALLENGE: Depending on the provider, they may or may not provide any record of your pre-payment.

TIP: On your first visit and last visit, ask the provider’s billing office to include your pre-payment on the global bill. If the provider indicates pre-payment on the global bill then your pre-payment will be refunded after the global bill is processed. If the provider does not indicate your pre-payment on the global bill then you will need to request a refund from the provider after the global bill is processed.

CHALLENGE: If you pre-pay, it is likely that you will overpay your AHP, because services not provided by your OB/GYN or midwife like lab work, ultrasounds,
hospital/birthing center charges, maternity complications, or other family medical needs get sent to Medi-Share and are applied toward your AHP.

TIP: If you overpay your AHP, you will want to request a refund through your provider which may take some time.

Switching Providers – Sometimes during pregnancy you may switch providers either because you move to a new town or have complications. Whatever the reason, if you change providers at any point in your pregnancy, call our Maternity Team, at (800) 264-2562 ext. 7018. We will help you submit the bills from your first provider.
Medical Conditions and Services Not Eligible for Testing – Prenatal genetic testing to detect fetal abnormalities or complications in utero has become a part of most routine OB/GYN care. Although valuable in early treatment of complications, according to the member-voted Guidelines, routine genetic testing is not eligible for sharing.

CHALLENGE: At times, routine tests like amniocentesis can reveal genetic abnormalities which may lead some providers to discuss terminating your pregnancy. We want to equip our members and help them avoid being placed in this situation whenever possible.

TIP: Let your provider know in the beginning of your care that routine genetic testing is not eligible for sharing. When they begin ordering tests, ask questions. “What tests are you ordering and why?”

Talk to your provider early in your pregnancy about your views regarding terminating a pregnancy and the necessity of genetic testing with that in mind.

If there is a medical reason your doctor is asking for a specific test, call our Maternity Team, at (800) 264-2562 ext. 7018 for more details, as it may be eligible for sharing.
Complications

*Medi-Share Guidelines, Section VII. B.*

In the event that complications arise, we want to support you and your family. We have a Maternity Team and Pastoral care available to pray with you and support you.

The cost of treatment for life-threatening complications to mom and/or baby are what constitute “maternity complications” as defined in the Guidelines. Complications for mom are eligible for sharing when the maternity is eligible for sharing. Complications for your baby are eligible to be shared from birth as long as you add your baby to membership within 30 days. Additional care from specialists related to complications will be separate from the global maternity bill.

Multiple Births

*Medi-Share Guidelines, Section VII. C.*

Multiple births are an exciting surprise! Multiple births are eligible for sharing when the maternity is eligible for sharing. It is common practice for Medi-Share to initiate a clinical review for multiple births to determine if it was a result of infertility treatment, as sharing is limited if multiple births result from infertility treatment. Sharing of up to $25,000 is available for multiple births resulting from infertility treatments, and includes the cost of delivery and complications to the mother and/or children.
Circumcision – Circumcision is eligible for sharing when the baby is added to membership and when done by a certified provider. Your baby must be added to membership for the procedure to be eligible for sharing.

Adding a Newborn

**Medi-Share Guidelines, Section VII. D.**

- If a parent is a Member at the time of delivery, and an application to Add-on a Family Member (included in this packet) is completed and submitted within 30 days of delivery, the newborn is then a Member from birth. You can download the application at MyChristianCare.org. Please note: you do not have to wait for the baby’s social security number to add the newborn to membership.

- If your newborn has coverage through an insurance provider you will be asked to provide documentation, because Medi-Share is always secondary to any other resource.

- If the notification deadline is not met, the Member can still submit the application, but the membership date will not be until the month after it is approved. That’s why it’s important to submit your application within 30 days of delivery. If you have questions, call our Maternity Team at (800) 264-2562 ext. 7018.

- Children born into Medi-Share can potentially change your monthly share amount. If you are sharing at a level for one or two, the addition of a child will increase your share to the family amount. You may want to check the online share calculator to determine what your new share amount will be.

Well-Child Care

**Medi-Share Guidelines, Section VII. E.**

Christian Care Ministry highly values the importance of family and wants to ensure newborns and children receive the very best care in the early stages of their life. Sharing for routine well-child care is eligible through the end of the fifth year. Well-child care is defined as routine check-ups, associated lab work, and fees associated with administering vaccines. Please be aware that the costs of vaccinations and/or immunizations are not eligible for sharing. We encourage you to ask your pediatrician about the free vaccinations/immunizations offered by each state.
In the event that you are a mom who has suffered a miscarriage, we are so sorry. Please know that you are not alone. God is our great comforter in times of need. “The Lord is near to the broken-hearted, and saves the crushed in spirit.” Psalm 34:18

It is not your fault.

Are you questioning if there was something different you could have done? Was there something you should not have eaten? Were you not getting enough rest? The answer is almost always a resounding “no.”

First, know that God did not cause this, nor is it any kind of punishment. Sometimes we ask “why?” and we just don’t get an answer, but trust that God is good. The promises of God’s Word tell us, “The Lord is good, a stronghold in the day of trouble, and He knows those who take refuge in Him.” Nahum 1:7

There are some common reasons women miscarry. There can be missing genetic information or improper implantation of the baby into the uterine lining. A stillborn child is often associated with a placenta complication. We encourage you to check with your doctor. In the event you are unsure, they can confirm that you did indeed have a miscarriage, ensure you do not suffer from any complications, and determine if follow-up is needed.

Allow yourself to grieve.

It is okay to feel tired, depressed, isolated and a range of other emotions. It may or may not feel natural to run into Jesus’ loving arms, but this is where He can begin to work. Allow God to take your brokenness. He wants to bear your hurts, fears, and confusion. Give yourself time to heal and He will restore to you the joy of your salvation. (Psalm 51:12)

Reach out to others.

You are not alone. The support of your family can be a tremendous help. With 10-25% of pregnancies ending in miscarriage you’ll likely find believers who have been through this and can provide support. As Aaron held up Moses’ arms, including others in your grieving process may prove a spiritual strengthening.
Contact our Maternity Team
We have Pastoral care available to pray with you.

Christian Counseling
The Lighthouse Network is a faith based organization that offers a number of resources and recommendations for care that might assist you with your need. www.Lighthousenetwork.org. Please review Section VI. I for limitations on sharing.
Before adopting any kind of diet or medical program, please consult your doctor. This educational material is for informational purposes only, and is no substitute for a physician’s consultation and/or examination.

Maintaining a healthy lifestyle is always important, and pregnancy can cause you to think more about health. Focusing on good health will help you prepare for labor and delivery. The combination of healthy eating, the right level of activity, and appropriate supplements, will provide much needed support for your growing baby.

Lifestyle habits in the year leading up to pregnancy and during the pregnancy can also be protective to the health of your baby. Healthy habits can protect from childhood cancers and food allergies.

What to Avoid During Pregnancy

- Caffeine
- Nicotine, including second hand smoke
- Alcohol
- Medications, both over-the-counter and prescription drugs
- Herbs and high dose supplements, vitamin A
- Fish, mollusk, shellfish and sushi (raw fish)
- Hot tubs and saunas
- Radiation
- Household cleaners and paint thinners
- Cat litter
- Raw milk and cheese
- Soft cheeses and blue-veined cheese such as feta, Roquefort and Brie
- Artificial colors, nitrates, and MSG
- Deli meats, luncheon meats, hot dogs and undercooked meats (carcinogens)
- Salt
- Rapid weight loss (potential for higher levels of fat-stored toxins being released)
- Roasted nuts – (raw nuts are okay, but the roasting of nuts increases the likelihood of nut allergy)
1. **Morning Sickness** – Morning sickness may be one of the first signs of pregnancy. It is not harmful to your baby and typically passes after the first trimester. Morning sickness may be the result of the body preparing for your baby, mixed with hormonal-related symptoms, through what’s called a detoxification process. The best way to help when dealing with detox during pregnancy is to increase your focus on eating nutrient-dense foods. Things like green/leafy green vegetables, fruit, nuts, and beans help aid the body in the detox process and can speed things along. Everyone is different and the key is to determine what will work for you.

2. **Nutrients of Interest** – Following a nutrient-dense diet can meet your energy needs during pregnancy. If morning sickness, food aversions or other lifestyle habits have you feeling like you fall short, use the guide below to check for these key nutrients. You cannot overdo it on nutrients coming from food, as only supplementation has that associated risk. Consider a smoothie with kale, pineapple, kiwi, avocado, banana, and flaxseed that provides 5mg Iron, 220ug Folate, 3mg Zinc, 312mg Calcium, and 1597mg Omega-3.

   Talk with your doctor if your supplement is greater than 100% of any of the nutrients identified here.

3. **Iron** – Iron should be administered only if the mother needs it. The USDA and US Department of Health and Human Services recommend that women who could become pregnant consume foods that supply heme iron, additional iron sources, and foods that enhance iron absorption, such as those rich in vitamin C. The National Academy of Sciences recommends 27mg of iron supplementation be given to pregnant women daily because the iron content of the Standard American Diet and endogenous iron stores of many American women are not sufficient to provide the increased iron requirements of pregnancy.

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### Dietary Reference Intakes (RDA)

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>19-50 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron (mg/day)</td>
<td>27</td>
</tr>
<tr>
<td>Folate (µg/day)*</td>
<td>600</td>
</tr>
<tr>
<td>Zinc (mg/day)</td>
<td>11</td>
</tr>
<tr>
<td>Vitamin B12 (µg/day)</td>
<td>2.6</td>
</tr>
<tr>
<td>Calcium (mg/day)</td>
<td>1,000</td>
</tr>
<tr>
<td>Vitamin D (µg/day)**</td>
<td>15</td>
</tr>
<tr>
<td>Omega 3 Fatty acids (mg/day)</td>
<td>200 DHA / 1.4g -linolenic acid</td>
</tr>
<tr>
<td>Choline (mg/day)</td>
<td>450 (adequate intake)</td>
</tr>
</tbody>
</table>

*As dietary folate equivalents (DFE). 1 DFE = 1 µg food folate = 0.6 µg folic acid from fortified food or as a supplement consumed with food = 0.5 µg of a supplement taken on an empty stomach.

**As cholecalciferol. 1 µg cholecalciferol = 40 IU Vitamin D; Under the assumption of minimal sunlight.
Normal Iron Indices in Pregnancy

<table>
<thead>
<tr>
<th>Test</th>
<th>Normal Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plasma iron level</td>
<td>40-175 micrograms/dL</td>
</tr>
<tr>
<td>Plasma total iron-binding capacity</td>
<td>216-400 micrograms/dL</td>
</tr>
<tr>
<td>Transferrin saturation</td>
<td>6-60%</td>
</tr>
<tr>
<td>Serum ferritin level</td>
<td>&gt;10 micrograms/dL</td>
</tr>
<tr>
<td>Free erythrocyte protoporphyrin level</td>
<td>&lt;3 micrograms/g</td>
</tr>
</tbody>
</table>


4. **Caffeine** – According to ACOG, moderate caffeine consumption defined as <200 mg per day, does not appear to be a major contributing factor in miscarriage or preterm birth. An 8-ounce cup of drip coffee contains approximately 137 mg caffeine while 8 ounces of brewed tea contains on average 48 mg. If you choose to consume caffeine, be aware of foods that contain caffeine such as chocolate and coffee ice creams.

5. **Weight Gain** – During the first trimester, energy requirements are not noticeably increased. In the second trimester energy requirements generally increase by 340 kcals/day, and in the third trimester energy requirements generally increase by 450 kcal/day.

- This varies based on your activity level
- Weight gain should be monitored and can provide a reference for energy requirements
- Eat a varied diet of nutrient dense foods
- Your unborn child’s growth and development can suffer if your nutritional needs are not met.

<table>
<thead>
<tr>
<th>Pre-pregnancy BMI</th>
<th>BMI (kg/m²)</th>
<th>Total Weight Gain Range (lbs)</th>
<th>Rates of Weight Gain 2nd &amp; 3rd Tri-mester (mean range in lbs/week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
<td>28-40</td>
<td>1 (1-1.3)</td>
</tr>
<tr>
<td>Normal weight</td>
<td>18.5-24.9</td>
<td>25-35</td>
<td>1 (0.8-1)</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0-29.9</td>
<td>15-25</td>
<td>0.6 (0.5-0.7)</td>
</tr>
<tr>
<td>Obese (all classes)</td>
<td>≥30.0</td>
<td>11-20</td>
<td>0.5 (0.4-0.6)</td>
</tr>
</tbody>
</table>

Travel during Pregnancy
Always talk to your health care provider before traveling during pregnancy. For most women, the middle of their pregnancy is the best time to travel since the most common pregnancy emergencies occur during the first and third trimesters. If you plan to take a road trip, aim to limit driving time to five to six hours per day and always wear your seatbelt. If you plan to fly, check with your airline about restrictions or required medical documentation. Depending on the airline and if the travel is international you may not be allowed to fly toward the end of your pregnancy. Traveling by ship is possible but it may be a good idea to talk to your health care provider about medications that are safe to treat seasickness. It is also a good idea to verify the ship has passed a health and safety inspection by the CDC to reduce risk of norovirus infections that can cause severe nausea and vomiting.

The CDC also provides travel alerts, safety tips, and vaccination facts for many countries. When traveling outside of the country some tips to reduce health risks include:

- **Boil tap water for 1 minute** (3 minutes at altitudes >6,000 feet). Do not use ice made from unboiled water. Only use glasses that have been washed in boiled water.
- **Avoid raw, fresh vegetables and fruits** unless you peel them yourself.
- **Never eat raw or undercooked meat or fish.**

Back Pain during Pregnancy
Many women experience back pain during pregnancy. This can occur for a variety of reasons including strain on back muscles, weak abdominal muscles, and pregnancy hormones. As pregnancy progresses, posture changes to accommodate the increased weight that is primarily carried in the front. This alteration in posture can lead to pain and soreness. Women often find that regular exercise helps to reduce back pain. Always consult your health care provider before beginning an exercise program. Other ways to prevent back pain include:

- **Wear properly fitted shoes** that have good support, avoiding high heels.
- **Try a firm mattress that provides more support.** Try sleeping on your side with a pillow between your legs or under your tummy for support.
- **Do not bend at the waist to pick things up.** Instead squat down bending your knees, keeping your back straight.
- **Sit in chairs that provide back support** or place a small pillow behind the lower part of your back

Beat the Heat
During pregnancy it is helpful to find ways to cool down. Pregnancy can often bring extra heat due to all of the additional blood circulating in the body.

Other Interesting Topics
• Wear a big floppy hat. A big hat provides portable shade that can be brought almost anywhere.

• Wear some maternity bike shorts under a dress. The extra layers will be worth it by helping you avoid the pain of chafing!

• Tie a damp bandana around your neck. The face and neck are some of the major areas that produce sweat, so placing a cool bandana around the neck can help immensely.

• Enjoy a fruit slush or smoothie. Cool foods will help lower your internal temperature, so try blending up some fruit and some almond milk in a blender for a deliciously cool drink!

  Add frozen berries or ice for a slush consistency, or add spinach for an extra health boost!

• Stay hydrated. The best beverage for hydration is water, so drink plenty of it! Drinking iced water provides immediate refreshment, and if that gets boring, add some orange slices and strawberries to a water pitcher and leave in the fridge overnight. The next day – voilà! Chilled, fruity water.

• Cut down on salt. Salt promotes dehydration, which is something that should definitely be avoided during pregnancy. Decreasing sodium intake will promote good health as well.

• Swimming. Not only will swimming help with the cooling process, but it also takes pressure of the bones and joints.
I advise pregnant women to completely avoid seafood products; it is just too difficult to know what pollutants lie within. Shellfish and mollusks are particularly risky.

Fish is one of the most polluted foods we eat, and it may place consumers at high risk for various cancers. Scientists have linked tumors in fish directly to the pollutants ingested along the aquatic food chain, a finding confirmed by the National Marine Fisheries Service Laboratory.

From the flounder in Boston Harbor to English sole in Puget Sound, scientists report that hydrocarbon pollution from habitat concentrate in fish. There are high cancer rates around New Orleans, where fresh fish and shellfish are a staple of the local cuisine.

Higher levels of mercury found in mothers who eat more fish have been associated with birth defects, seizures, mental retardation, developmental disabilities, and cerebral palsy. This is mostly the result of women having eaten fish when they were pregnant. Scientists believe that fetuses are much more sensitive to mercury exposure than are adults, although adults do suffer from varying degrees of brain damage from fish consumption.

Even the FDA, which normally ignores reports on the dangers of our cavalier food practices, acknowledges that large fish such as shark, swordfish, yellow fin, and blue fin tuna are potentially unhealthful. Researchers are also concerned about other toxins concentrated in fish that can cause brain damage long before the cancers caused by chemical, carrying fish appear.

### Fish with Highest and Lowest Mercury Levels

<table>
<thead>
<tr>
<th>HIGHEST</th>
<th>LOWEST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tilefish</td>
<td>Salmon</td>
</tr>
<tr>
<td>Swordfish</td>
<td>Sardines</td>
</tr>
<tr>
<td>King Mackerel</td>
<td>Pacific Oysters</td>
</tr>
<tr>
<td>Shark</td>
<td>Tilapia</td>
</tr>
<tr>
<td>Tuna (White albacore tuna should be limited to 6oz per week; avoid other tuna)</td>
<td>Pollock (Atlantic and Walleye)</td>
</tr>
<tr>
<td>Flounder</td>
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Avoid Fish When Pregnant — Take a DHA Supplement Instead

I am concerned about pregnant women eating fish and advise against it. Instead, I recommend a predominantly plant-centered diet, with essential fats from raw nuts, seeds, and avocados. A dietary plan for a healthy pregnancy is much like a dietary plan for excellent health. It should include a minimum of five fresh fruits a day, lots of raw and cooked green vegetables, vegetable/bean soup, and about 2 to 3 ounces of raw nuts and seeds daily or avocado for a clean source of raw fats. It should include tomatoes, red peppers, and berries for their beneficial phytochemicals and at least one yellow/orange starchy vegetable such as corn, sweet potato, or squash. Those desiring animal products should limit themselves to eggs and some white meat fowl, but not fish. Dairy fat is also a common source of DDT and other toxic pesticides and toxic substances. So, cheese and butter, which are high in saturated fat, should be avoided. The fatty portion of dairy foods is, after fish, the largest dietary source of the fat-soluble chemical in pesticides.

All pregnant women should take a supplement of DHA. Docosahexaenoic acid (DHA) is an omega-3 long chain polyunsaturated fatty acid and one of the crucial building blocks of human brain tissue. Early in life, DHA is supplied via the placenta and from breast milk. Adequate DHA is particularly important for pregnant and nursing women. Studies have shown improved intelligence scores of breast fed children whose mothers took DHA supplements during pregnancy and nursing. The DHA levels in the breast milk from women in the United States are among the lowest in the world.

DHA deficiencies starting in childhood can contribute to multiple problems later in life, such as hyperactivity and allergies. In fact, dyslexia and ADHD have been linked to the low DHA intake common in the United States. An adequate level of DHA has been found to improve behavior and symptoms of ADHD.

Deficiencies of DHA may increase vulnerability to depression and may be responsible for most postpartum depression after the baby’s needs extract DHA from the mother’s stores. DHA supplementation is indicated in anyone with a history of depression.

The typical modern diet is low in DHA in both omnivores and vegetarians alike. Most people eat a diet rich in omega-6 fats but deficient in omega-3. Vegetarians and those who limit their intake of fish, wild meat and eggs have especially been noted to have low levels of DHA. Many vegetarians who consume sufficient flax, hemp, walnuts, and greens as a source of short chain omega-3 fat may manufacture sufficient DHA fat on their own, but even with an ideal diet, lots of those on vegan diets are still found to be too low in this extremely beneficial compound.
Food choices, especially food choices early in life, are the primary cause of disease and poor quality of life in this country. The major health problems that plague us — clogged arteries, obesity, diabetes, cancers, and others begin in childhood. What we feed our children from infancy through adolescence, and how we respond to their childhood illnesses, will influence the kind of health and longevity they enjoy the rest of their lives.

We would like to encourage you to read Disease Proof Your Child by Dr. Joel Fuhrman. This book contains fascinating science which demonstrates that the current epidemic of adult cancers and other diseases are closely linked to what we eat. The seeds for future auto-immune diseases are also sown in childhood eating. By eating right today, children can be healthy tomorrow.

The solution for frequently ill children is not more and more antibiotics. Eating the right nutrient-dense foods has a significant impact on children’s resistance to dangerous infections, their intelligence, and success in school. A change in dietary habits can have a dramatic effect on reducing the occurrences of illness like ear infections, asthma, and allergies.

The book Disease Proof Your Child gives dietary recommendations that take science to the family table in a manner that kids will like. It contains essential knowledge for parents to ensure that their children are eating right to maintain a healthy mind and body. It includes guidelines on how to get even the pickiest eater to learn to love healthy food. Delicious, easy to prepare, child tested recipes are included.

There are thousands of books out there on nutrition, and many of them contradict each other with different viewpoints and advice. Nutritional science is not political and it is not a belief system. When the data is reviewed with completeness and integrity, one has no choice but to recognize that the diets most people are feeding their children today are destructive. They destine their child to a lifetime of compromised health and a premature death from cancer.

Christian Care Ministry recommends the book Disease Proof Your Child by Joel Fuhrman, M.D., which emphasizes the importance of these principles and offers practical solutions to implementing them in your home. Feeding kids right can be challenging but it is worth the effort. Prayerfully consider adopting as much of a nutrient dense diet as your household can manage.
Please call our Health and Wellness Department if you have health-related questions. Our team of Maternity Specialists, Health Coaches and Care Managers are here to offer support at (800) 264-2562, ext. 7018. You can also schedule a call at any time by visiting the Member Center of the website, going to the Health Links section, and then clicking on Schedule a Call.

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